



CONNECTICUT WOMEN'S HEALTH CAMPAIGN

c/o Permanent Commission on the Status of Women
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The Connecticut Women's Health Campaign

African American Affairs
Commission
American Heart Association
Celebrate Women at UCONN Health
Center
Children's Health Council
CT Association for Human Services
CT Association of School
Based Health Care
CT Breast Cancer Coalition, Inc.
CT Children's Health Project
CT Chronic Fatigue Immune
Dysfunction and
Fibromyalgia Assoc.
CT Citizen's Action Group
CT Coalition Against
Domestic Violence
CT Coalition for Choice
CT Community Care, Inc.
CT Legal Rights Project
CT NARAL
CT NOW
CT Sexual Assault Crisis Services
CT Women and Disability
Network, Inc.
CT Women's Consortium, Inc.
Disability Services, City of
New Haven
Hartford College for Women
Institute for Community Research
Latino and Puerto Rican
Affairs Commission
National Association of Social
Workers-CT Chapter
National Council of Jewish Women
National Ovarian Cancer
Coalition CT
Office for Women in Medicine,
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Older Women's League of NWCT
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Planned Parenthood of CT, Inc.
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of Nursing
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Central CT State University
CONN School of Allied Health
CONN Women's Center
Urban League of Greater
Hartford, Inc.
Valley Women's Health
Access Program
Women & Family Life Center

Gender Competent Treatment and Services for Women in Behavioral Health Care Programs

The Connecticut Women's Health Campaign supports requiring all state funded behavioral health programs to provide gender competent treatment and services which are necessary to meet the complex needs of women with behavioral health problems. Gender competent services address issues that often create barriers to treatment and gender competent treatment specifically addresses the role that sexual and/or domestic violence plays in women's lives.

The Problem

- Women and men have different treatment needs. Although women make up more than half of people receiving mental health services, the services women receive are often inappropriate because they are based on the model of the single male. This issue was first raised in 1981.ⁱ Since then, entire books have been devoted to women's specific treatment needs.ⁱⁱ For women, behavioral health treatment is complicated by the intersecting roles and responsibilities of motherhood and research shows that women hesitate to seek treatment because of fears their children will be taken away.ⁱⁱⁱ Women are more likely to suffer from increased levels of shame, guilt, interpersonal problems, financial difficulty stigmatization, lack of marketable job skills, and social support.
- In women, mental health problems and histories of sexual or physical abuse frequently co-occur with substance abuse disorders. Although many survivors of sexual or domestic violence may never require mental health treatment services, violence against women is closely associated with behavioral health issues including depression, anxiety disorders, substance abuse, and eating disorders. 50% - 95% of women who have been raped will develop Post Traumatic Stress Disorder (PTSD).^{iv} Up to 70% of women in drug abuse treatment report a history of physical and sexual abuse with victimization beginning before 11 years of age and occurring repeatedly^v and almost half of all women receiving mental health services have histories of child sexual abuse.^{vi} In addition, women who were sexually abused are significantly more likely to report one or more symptoms of eating disorders than their non-abused peers.^{vii} At least 30% of female trauma patients have been victims

of domestic violence.^{viii} Women in recovery from substance abuse are likely to have a history of trauma and are at high risk of being diagnosed with Post Traumatic Stress Disorder.^{ix} A 1995 Johns Hopkins University School of Medicine survey of nearly 2,000 female patients found that one in three women had experienced domestic violence as an adult or child.^x

What Can Be Done?

Gender competent services and treatment for women faced with recurring mental health and substance abuse problems can help break the cycle of relapse and recovery, reducing the costs to society that are incurred as a result of fragmented, interrupted, and repeated behavioral health treatment services. Women in sustained recovery will be able to maintain employment, care for themselves and their children and be productive members of society.

For women to succeed in treatment and sustain recovery, behavioral health services must address the impact of violence in women's lives and the particular needs of women in treatment. State funded behavioral health programs must provide gender competent treatment and services to address the unique needs of women and help ensure that women who seek behavioral health services can succeed. Gender competent services for women address issues that may be barriers to treatment or sustained recovery including childcare, parenting, transportation, skills training, and housing issues. Gender competent treatment addresses women's needs through the development of protocols to address and appropriately respond to clients who disclose sexual assault or domestic violence histories and addresses the client's sexual and domestic violence history while in treatment. Treatment plans also must incorporate advocacy and empowerment models which address women's experience, strength, and needs.

For additional information, contact:

Connecticut Coalition Against Domestic Violence (CCADV)
90 Pitkin Street
East Hartford, CT 06108
860-282-7899
www.ctcadv.org

Connecticut Sexual Assault Crisis Services, Inc.
96 Pitkin Street
East Hartford, CT 06108
860-282-9881
www.connsacs.org

The CT Women's Consortium
205 Whitney Avenue
New Haven, CT 06511
203-498-4184
www.womensconsortium.org

ⁱ Test and Berlin, *Issues of Special Concern to Chronically Ill Women*, 12 Professional Psychology 136 (1981)

ⁱⁱ See, e.g. Levin, Blanch, and Jennings, eds. *WOMEN'S MENTAL HEALTH SERVICES: A PUBLIC HEALTH PERSPECTIVE*, (1997)

ⁱⁱⁱ Deborah Belle, ed. *LIVES IN STRESS: WOMEN AND DEPRESSION* (Sage 1982); *Blanch, Nicholson, and Purcell PATIENTS WITH MENTAL ILLNESS AND THEIR CHILDREN*.

^{iv} Johns Hopkins School of Public Health (2000)

^v National Institute on Drug Abuse (1998)

^{vi} Elaine H. Carmen, et. al., *Victims of Violence and Psychiatric Illness*, 141 American Journal of Psychiatry 878 (1984).

^{vii} Laws & Golding (1996)

^{viii} Substance Abuse Treatment and Domestic Violence, Substance Abuse and Mental Health Administration (2000)

^{ix} Substance Abuse Treatment and Domestic Violence, Substance Abuse and Mental Health Administration (2000)

^x National Resource Center on Domestic Violence (1997)